HAH/WSDA Small Capacity Grant Program

Washington State Department of Agriculture (WSDA) and Harvest Against Hunger (HAH) are partnering to provide rebates for eligible equipment purchases and installation costs under $5,000. For more information on this program including full eligibility, see the WSDA Food Assistance website. Go to: https://agr.wa.gov/services/food-access/hunger-relief-resources, and select "Grant Opportunities".

Process:

1. Complete the application below.
2. Harvest Against Hunger will reply within 7-10 business days stating the status of your application (approved or not approved).
NOTE: For projects not approved, see "Request for Reconsideration" section for next steps.
3. If approved, purchase approved items and scan/email receipt copy to: capacity@harvestagainsthunger.org, or mail receipt copy to:

Harvest Against Hunger
ATTN: David Bobanick
PO Box 4098
Seattle, WA 98194

4. Once receipt has been received, a reimbursement check will be mailed to your address. Rebates are based on purchase price, and must be less than $4,999.99.

Thank you for your ongoing efforts to help those in need in our communities!

* Required

1. Email *

2. Name of person completing this form *

Organization Information

3.   Organization Name *

_____

4.   Phone number *

_____

5.   Organization Address (Street, City, State Zip) *

_____

6. What county or counties does your organization serve? *

Check all that apply.

- [ ] Adams
- [ ] Asotin
- [ ] Benton
- [ ] Chelan
- [ ] Clallam
- [ ] Clark
- [ ] Cowlitz
- [ ] Douglas
- [ ] Ferry
- [ ] Garfield
- [ ] Grant
- [ ] Grays Harbor
- [ ] Island
- [ ] Jefferson
- [ ] King
- [ ] Kitsap
- [ ] Kittitas
- [ ] Klickitat
- [ ] Lewis
- [ ] Lincoln
- [ ] Mason
- [ ] Okanogan
- [ ] Pacific
- [ ] Pend Orielle
- [ ] Pierce
- [ ] San Juan
- [ ] Skagit
- [ ] Skamania
- [ ] Snohomish
- [ ] Stevens
- [ ] Thurston
- [ ] Wahkiakum
- [ ] Walla Walla
- [ ] Whatcom
- [ ] Whitman
- [ ] Yakima

7. What legislative district(s) does your organization serve?

Check all that apply.

- [ ] District 1
- [ ] District 2
- [ ] District 3
- [ ] District 4
- [ ] District 5
- [ ] District 6
- [ ] District 7
- [ ] District 8
- [ ] District 9
- [ ] District 10
- [ ] District 11
- [ ] District 12
- [ ] District 13
- [ ] District 14
- [ ] District 15
- [ ] District 16
- [ ] District 17
- [ ] District 18
- [ ] District 19
- [ ] District 20
- [ ] District 21
- [ ] District 22
- [ ] District 23
- [ ] District 24
- [ ] District 25
- [ ] District 26
- [ ] District 27
- [ ] District 28
- [ ] District 29
- [ ] District 30
- [ ] District 31
- [ ] District 32
- [ ] District 33
- [ ] District 34
- [ ] District 35
- [ ] District 36

☐ District 37

☐ District 38

☐ District 39

☐ District 40

☐ District 41

8. DUNS number *

_____

9. SAM registration expiration date *

_____

Example: January 7, 2019

10. Federal tax ID number (please provide your tax number or EIN *

_____

11. Statewide vendor number (NOTE: if you do not yet have an SWV you are not disqualified from applying. If awarded, a SWV number must be acquired within 30 days of award receipt) *

_____

12. Currently contracted with WSDA for (check all that apply): *

Check all that apply.

☐ EFAP, EFAP-Tribal

☐ TEFAP

☐ CSFP

☐ Farm to Food Pantry

☐ CFAP (Coronavirus Food Assistance Program) Alternative Box Program

☐ Not currently contracted with WSDA

13. We currently operate a (check all that apply) *

Check all that apply.

- ☐ Food bank or pantry
- ☐ Meal program
- ☐ Tribal voucher program
- ☐ Other (please specify below

14. If "other", please specify below

_____

Project Information

Please provide details of your project

15. Project title *

_____

16. Brief description *

_____

_____

_____

_____

_____

17. Grant type(s): Select up to three (3) grant types that your project is designed to meaningfully achieve. *

Check all that apply.

- ☐ Food distribution efficiencies
- ☐ Targeted community needs
- ☐ Pilot projects/innovations and food system improvements

18. Objective(s): Select up to four (4) objectives that your project is designed to meaningfully achieve. *

Check all that apply.

- [ ] Strategy, efficiency, and preparedness
- [ ] Sustainability and resiliency
- [ ] Equity, inclusivity, and removing barriers
- [ ] Local agriculture and/or local business

19. Project budget: Total project cost charged to this grant *

_____

20. Project budget: expected budget for equipment *

_____

21. Project budget: expected budget for installation *

_____

22. Please confirm: Have you done research on this project to ensure there are no unexpected expenses or delays with receipt of goods? *

Check all that apply.

- [ ] Yes
- [ ] No

23. Timeframe: Start date (All projects must be completed by 6/30/22) *

_____

Example: January 7, 2019

24.   Timeframe: End date *

_____

Example: January 7, 2019

25.   Optional: Please tell us about any other critical capacity needs your program is
currently facing.

_____

_____

_____

_____

_____